	IAN
TOTAL CLAIMS 77 RATE FEE RATE	my
7 7	FEE
FOR NUMBER FILED NUMBER EXTRA BASIC FEE 375.00 OR BASIC FEE 75	
	50.00
TOTAL CHARGEABLE CLAIMS 37 minus 20= 57 X\$ 9= OR X\$18= //	126
INDEPENDENT CLAIMS 3 minus 3 = X42= OR X84=	
MULTIPLE DEPENDENT CLAIM PRESENT +140= OR +280=	
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL	
Q / CLAIMS AS AMENDED - PART II OTHER TH	
(Column 2) (Column 3) SMALL ENTITY OR SMALL EN	ADDI-
REMAINING NUMBER PRESENT RATE TIONAL RATE TO	IONAL FEE
Total • 77 Minus • 77 = X\$8= OR X\$18=	
independent # 3 Minus .mm 3 = X42= OR X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
6667 10 Thangad TOTAL OF TOTAL	7
ADDIT. FEE ADDIT. FEE ADDIT. FEE OCCUMEN 3)	
CLAIMS HIGHEST ADDI-	ADDI IONAL FEE
Total 4 (65 Minus 4 77 = 0 X\$9= OP X\$18=	
Independent - Minus - 3 - 0 X42= OR X84=	
PHRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140- OR +280=	
ADDIT. FEE OR ADDIT. FEE	
(Column 1) (Column 2) (Column 3)	
	ADDI- TONAL FEE
Total + Minus + " X\$ 9= OR X\$18=	
Independent • Minus • X42a OR X84a	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OR +280=	
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.	
The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.	
FORM PTO-678 (Res. 1202) U.S. Government Printing Office 2003—000 464/79011 Patient and Trademark Office, U.S. DEPARTMENT OF C	VALUE